2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2012
Secretary of State

DOCUMENT# L11000030168

Entity Name: QUALITY HOME CARE OF OKALOOSA COUNTY "LLC."

Current Principal Place of Business:

4083 PAINTER BRANCH RD.
CRESTVIEW, FL 32539

New Principal Place of Business:

Current Mailing Address:

RICHARD E SHODA
4083 PAINTER BRANCH RD.
CRESTVIEW, FL 32539

New Mailing Address:

FEI Number: 45-0528569 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHODA, RICHARD E
4083 PAINTER BRANCH RD.
CRESTVIEW, FL 32539 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: SHODA, RICHARD E
Address: 4083 PAINTER BRANCH RD.
City-St-Zip: CRESTVIEW, FL 32539

Title: MGRM
Name: SHODA, SUZETTE M
Address: 4083 PAINTER BRANCH RD.
City-St-Zip: CRESTVIEW, FL 32539

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statues.

SIGNATURE: RICHARD E SHODA PRES 02/09/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date